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CONFIRMATION NO. 5508

SERIAL NUMBER 10/670,453	FILING OR 371(c) DATE 09/25/2003 RULE	CLASS 128	GROUP ART UNIT 3743	ATTORNEY DOCKET NO. END 5028
APPLICANTS William T. Donofrio, Cincinnati, OH;				
** CONTINUING DATA ***** NONE ASC 8/7/06				
** FOREIGN APPLICATIONS ***** NONE ASC 8/7/06				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/22/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>Madhus 4/29</i> ASL Examiner's Signature Initials		STATE OR COUNTRY OH	SHEETS DRAWING 31	TOTAL CLAIMS 22
			INDEPENDENT CLAIMS 3	
ADDRESS 000027777				
TITLE Response testing for conscious sedation utilizing a cannula for support/response				
FILING FEE RECEIVED 786	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	